



Memorial Sloan-Kettering
Cancer Center

Physician Billing Department

MAKE CHECK PAYABLE TO: PHYSICIAN BILLING DEPARTMENT			
<input type="checkbox"/> VISA	<input type="checkbox"/> MASTERCARD	<input type="checkbox"/> DISCOVER	<input type="checkbox"/> AMERICAN EXPRESS
<input type="checkbox"/> DINERS CLUB			
CHARGE \$	TO CREDIT CARD #		
SIGNATURE:	EXP DATE:		
STATEMENT DATE	DUE DATE	AMOUNT YOU OWE	AMOUNT ENCLOSED
09/29/07	10/14/07	\$4448.14	\$

HELEN S KAHANER
20 HARROGATE DRIVE
HILTON HEAD ISL, SC 29928

MAIL PAYMENT TO:
PHYSICIAN BILLING DEPARTMENT
PO BOX 26352
NEW YORK, NY 10087-6352

☐ PLEASE CHECK THIS BOX IF YOUR ADDRESS OR INSURANCE HAS
CHANGED AND MAKE YOUR CHANGES ON THE REVERSE SIDE.

PLEASE DETACH TOP PORTION AND RETURN WITH YOUR PAYMENT

STATEMENT OF PHYSICIAN SERVICES

(STATEMENT DATE: SEPTEMBER 29, 2007)

MEDICAL RECORD # 35156600
PATIENT NAME: HELEN S KAHANER

QUESTIONS? CALL YOUR ACCOUNT SPECIALIST, LORRAINE GORDON,
AT 646-227-3154, 8:30AM-4:00PM. CALLERS OUTSIDE
AREA CODES 212/646/718 SHOULD CALL 800-999-3275.

THE FOLLOWING INVOICES DESCRIBE OUTSTANDING CHARGES FOR SERVICES RENDERED BY PHYSICIANS AND OTHER HEALTH CARE PROFESSIONALS
AT MEMORIAL SLOAN-KETTERING CANCER CENTER. THE LEFT SIDE DESCRIBES THE SERVICES PROVIDED. THE RIGHT SIDE DESCRIBES INSURANCE
CLAIMS AND PAYMENTS.

INVOICE NUMBER: 13103689

PROVIDER: ROBERT T HEELAN MD
RADIOLOGY GROUP

03/09/07 CHEST SINGLE VIEW FRONTAL. \$45.00

TOTAL CHARGES: \$45.00

PAYMENT ACTIVITY

03/09/07 TOTAL CHARGES \$45.00

03/14/07 INSURANCE CLAIM FILED

08/15/07 PAYMENT PRIMARY INSURANCE -28.35

AMOUNT YOU OWE \$16.65

INVOICE NUMBER: 13131689

PROVIDER: SAMSON W FINE MD
PATHOLOGY GROUP

03/09/07 LEVEL V-GROSS AND MICROSCOPIC EXAM \$300.00

03/09/07 LEVEL V-GROSS AND MICROSCOPIC EXAM \$300.00

03/09/07 DECALCIFICATION PROCEDURE \$20.00

03/09/07 LEVEL IV-GROSS AND MICROSCOPIC EXAM 5 UNIT[S] \$750.00

TOTAL CHARGES: \$1370.00

PAYMENT ACTIVITY

03/09/07 TOTAL CHARGES \$1370.00

03/22/07 INSURANCE CLAIM FILED

08/09/07 PAYMENT PRIMARY INSURANCE -863.10

AMOUNT YOU OWE \$506.90

INVOICE NUMBER: 13220113

PROVIDER: HARRY W HERR MD
UROLOGY GROUP

03/09/07 NEPHRECTOMY, PARTIAL \$11865.00

03/09/07 ULTRASOUND, INTRAOPERATIVE \$500.00

TOTAL CHARGES: \$12365.00

PAYMENT ACTIVITY

03/09/07 TOTAL CHARGES \$12365.00

04/23/07 INSURANCE CLAIM FILED

08/09/07 PAYMENT PRIMARY INSURANCE -8739.41

AMOUNT YOU OWE \$3625.59

CONTINUED ON REVERSE SIDE ...

PATIENT NAME		GUARANTOR NAME (IF NOT SAME AS PATIENT)	
STREET ADDRESS, APT #			
STATE / PROVINCE		POSTAL CODE	COUNTRY
EMPLOYER		WORK PHONE NUMBER	
EMPLOYER STREET ADDRESS		CITY	STATE ZIP CODE
INSURANCE CHANGED		INSURANCE CHANGED	
INSURANCE COMPANY		INSURANCE COMPANY	
<input type="checkbox"/> CHECK BOX IF HMO		<input type="checkbox"/> CHECK BOX IF HMO	
SUBSCRIBER'S NAME		SUBSCRIBER'S NAME	
SUBSCRIBER'S DATE OF BIRTH		SUBSCRIBER'S DATE OF BIRTH	
I.D. NUMBER	GROUP/PLAN NUMBER	EFFECTIVE DATE	EFFECTIVE DATE
MAILING ADDRESS FOR CLAIMS		MAILING ADDRESS FOR CLAIMS	
CITY	STATE	ZIP CODE	ZIP CODE

*** IF POSSIBLE, PLEASE ENCLOSE A COPY OF YOUR INSURANCE ID CARD (FRONT AND BACK) WITH THIS CHANGE ***

STATEMENT OF PHYSICIAN SERVICES

(STATEMENT DATE: SEPTEMBER 29, 2007)



MEDICAL RECORD # 35156600
PATIENT NAME: HELEN S KAHANER

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CHARGES

INVOICE NUMBER: 13243203

PROVIDER: PAUL H DALECKI MD
ANESTHESIOLOGY GROUP

09/07 KIDNEY, URETER SURG
235 MINUTES..... \$2990.00

TOTAL CHARGES: \$2990.00

PAYMENT ACTIVITY

09/09/07	TOTAL CHARGES	\$2990.00
04/30/07	INSURANCE CLAIM FILED	
09/09/07	PAYMENT PRIMARY INSURANCE	-2691.00
	AMOUNT YOU OWE	\$299.00

YOUR LAST PAYMENT OF \$141.75 WAS RECEIVED ON 05/03/07.

ACCOUNT BALANCE	AMOUNT PENDING WITH INSURANCE	KINDLY REMIT IN FULL BY 10/14/07
\$4448.14	\$0.00	\$4448.14